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GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

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W E E K L Y   B U L L E T I N

For Period

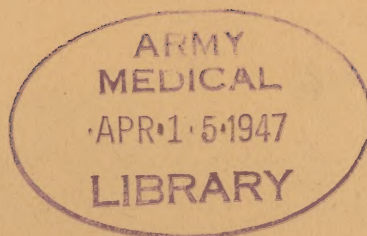
23 March - 29 March

1947

Number 13

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SECTION I

WELFARE

Public Assistance

The following incomplete report (41 prefectures) covers the Public Assistance statistics for February 1947:

Individual persons assisted  
(institutional & non-institutional) 2,496,623

Total relief cost (grants in  
cash and kind) ¥159,768,673

School Lunch Program

Children attending those schools serving school lunches are required to pay a small fee for each meal they consume. Children from families which are receiving aid under the Daily Life Security Law receive their meals under one of the two following plans:

- (1) Family cash relief allowance is raised in an amount to cover school lunch cost of each child participating and the child in turn pays for each meal.
- (2) School makes no charge for such lunches served and receives refunds covering these lunches, upon requisition, from the Prefectural Welfare Bureau.

Note: Either one of these plans is optional. However, all reports indicate that (1) is proving more satisfactory since it eliminates the school waiting a period of many weeks for refunds and the child (under the cash system) is not subjected to whatever stigma might develop from being in a free (charity) lunch category which would be obvious with segregation within the school.

SECTION II

VETERINARY AFFAIRS

Monthly Meat Inspection Report:

Following is a summary of the monthly meat inspection report for January 1947, submitted by the Ministry of Welfare:

	<u>Cattle</u>	<u>Calves</u>	<u>Sheep &amp; Goats</u>	<u>Swine</u>	<u>Horses</u>
Number slaughtered	30751	588	602	8493	6954
Condemned Ante-mortem	2	0	0	0	3
Condemned Post-mortem					
Total	7	1	0	0	4
Partial	287	5	0	31	221
Viscera	5563	33	0	2574	630

Monthly Dairy Inspection Report

Following is a summary of the monthly dairy inspection report for January 1947, submitted by the Ministry of Welfare:

Special Milk

<u>Farm Inspections</u>	2
Samples examined	2

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Over bacterial standards	(50,000 per cc)	0
Under butterfat standards	(3.3 percent)	0

<u>Plant Inspections</u>		4
Over bacterial standards	(50,000 per cc)	0
Under butterfat standards	(3.3 percent)	0

#### Ordinary Milk

<u>Farm Inspections</u>		6292
Samples examined		8137
Over bacterial standards	(2,000,000 per cc)	277
Under butterfat standards	(3.0 percent)	938

<u>Plant Inspections</u>		4765
Over bacterial standards	(2,000,000 per cc)	142
Under butterfat standards	(3.0 percent)	551

#### Goat Milk

<u>Farm Inspections</u>		29
Samples examined		60
Over bacterial standards	(2,000,000 per cc)	4
Under butterfat standards	(3.0 percent)	5

#### Monthly Animal Disease Report

Following is a summary of the monthly animal disease report for February 1947, submitted by the Ministry of Agriculture and Forestry.

<u>Disease</u>	<u>No. of cases</u>
Anthrax	1
Trichomoniasis	96
Brucellosis	2
Swine Erysipelas	1
Texas Fever	2
Rabies	1
Strangles	75
Equine Infectious Anemia	27
Pullorum Disease	2063

#### Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported that no new outbreaks of disease occurred during the period 23 - 29 March 1947.

### SECTION III

#### NURSING AFFAIRS

##### Education

The Model Demonstration College of Nursing held its first graduation exercise 25 March at the Central Red Cross Hospital.

Sixty three received certificates for the four year course, 150 Red Cross Hospital Nurses received certificates for the two year course which is being discontinued. Of these 150, 80 are remaining to complete the four year course.

Surveys of the remaining four prefectures in Kyushu have been finished, which completes 44 of the 46 in Japan.

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#### SECTION IV

#### SUPPLY

##### Distribution

Since the Japanese Government assumed responsibility for distribution of DDT on 1 March 1947, releases from regional warehouses have averaged approximately 100,000 lbs. of DDT dust per week. Sizeable quantities of residual effect spray also are being released. It is essential that supervision be exercised by Military Government officials to insure that DDT products are not being disposed of through unauthorized channels and that prefectures do not accumulate stocks grossly in excess of requirements.

##### Production

The Welfare Ministry approved release of 10% DDT, Typhus Vaccine and 5% DDT Residual Effect Spray during the period 24 - 29 March as follows:

<u>Prefecture</u>	<u>10% DDT Dust</u>	<u>Typhus Vaccine</u>	<u>5% DDT Residual Effect Spray</u>
Tochigi	50,000 lbs.		
Oita	4,000 lbs.	200 vials	
Saitama	40,000 lbs.	15,000 vials	15,000 gallons
Hokkaido		4,500 vials	
Agriculture & Forestry Ministry	970 lbs.		

Production and distribution of DDT products continues to be satisfactory. The following indicates total quantities now stored in Japanese depots and factories throughout Japan.

10% DDT Dust	1,768,141 lbs.
5% DDT Residual Effect Spray	150,059 gal.
American Typhus Vaccine	180,805 vials

Preliminary investigation to determine manufacturing capacity of DDT concentrate in Japan indicates an assured capacity of 33 tons monthly. The actual production depends upon availability of necessary raw materials. A study is in progress with a view to increasing Japanese production to a maximum. Provided production is favorable, reductions will be made in current import programs. Assay procedures for DDT are concurrently being established.

##### Narcotics

The Osaka Appeal Court handed down sentences on twelve defendants in the Wakayama Opium Case (7.5 tons of smuggled opium seized in February 1946). Eight sentences imposed by the Wakayama Local Court were unsatisfactory to the Government and were appealed. Four defendants appealed from the decision of the lower court. In all twelve cases the Osaka Appeal Court imposed either the same sentences as the local court or heavier ones. No suspended sentences were imposed and all defendants were sentenced to penal servitude for periods varying from 6 months to 3 years.

Inspections of registered local wholesale houses by Narcotic Control Officers revealed that proper security is not being afforded narcotics in many instances. Large stocks are now held by most of these dealers who were warned that loss of narcotics by fire or theft because of failure to follow security instructions will probably result in the Japanese Ministry of Welfare cancelling the dealer's license.

A field trip through Central Honshu revealed that Japanese narcotic inspectors are in many instances limiting their activity to superficial inspections of registered dealers' stocks and records. The Ministry of

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Welfare is being directed to issue the following instructions to all prefectural narcotics officials.

(1) Inspections must be carefully made not only to instruct the registrant in proper procedure under the narcotic regulations, but also to obtain information for further investigations.

(2) Narcotic addicts must be questioned or kept under surveillance for the purpose of obtaining information.

(3) All possible sources of information must be the subject of careful investigation.

## SECTION V

### PREVENTIVE MEDICINE

#### General

Recent receipt of several radio and telegraphic reports of serious epidemic diseases, upon investigation, have been found to be without basis. In some cases this has been found to be the fault of the transmitting agency, however, Health Officers should check the text of all such reports at their point of origin, so as to minimize the possibility of error.

Military Government health officers should investigate personally or directly supervise the investigation of reports of new outbreaks of epidemic diseases, particularly if the disease has not been reported for a considerable period or if there is a likelihood that the diagnosis may be erroneous or doubtful.

#### Typhus Control

Comparative Score (includes 27 Mar 47):

1946	-	12,254
1947	-	569

During March over 2,500,000 persons were immunized in the commuters' vaccination programs approved for the Tokyo and Kobe-Osaka Areas. The response exceeded the initial estimates for the program considerably.

The Preventive Medicine Bureau, Ministry of Welfare, proposes to have a National Health Poster Contest in May on subjects of typhus and other public health diseases in which the primary school children have received instruction. The Prefectural Health Poster Contests (already held or to be held) will result in selection of about 10 of their best posters by the end of April. These local selections are to be forwarded to the National Contest. Appropriate prizes and perhaps trips are to be given the winners.

#### Port Quarantine

REPATRIATION: The Ports of Maizuru and Hakodate have been ordered reactivated to resume the repatriation of Japanese from Siberia and Sakhalin.

The list of the Japanese in Dairen are now being embarked for Japan. With the completion of this phase of repatriation, Hakata will be closed.

Weekly Reports of Incoming Quarantinable Disease:

Week of 9 March to 15 March 1947

Negative Report

Week of 16 March to 22 March 1947

Negative Report

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## Tuberculosis Control

Reference is made to Section VII, Public Health and Welfare Weekly Bulletin Number 12, which announced SCAP approval of the Ministry of Welfare's plan for tuberculosis control in Japan. Approval of the proposed program was confirmed by memorandum for Ministry of Welfare, Imperial Japanese Government (PHMJG-14) dated 17 March 1947.

For the information of all concerned the full text of the outline for tuberculosis control, as presented, is quoted below.

### Outline of Program for Tuberculosis Control in Japan (as presented by Welfare Ministry)

#### 1. Strengthening the System of Tuberculosis Control.

##### a. Strengthening the Organization of Tuberculosis Control.

###### (1) Central Government

###### (2) Local Government

To increase the number of the members in charge of T. B. control.

##### b. Advisory Councils

###### (1) Central Government

###### (a) Central committee for tuberculosis control.

Sub-committee

###### (b) Liaison committee

###### (2) Local Government

Local committee for tuberculosis control.

##### c. Improvement and Expansion of System of T.B. control.

###### (1) Improvement of the functions of health centers.

###### (a) Stationing the full time members in charge of T.B. control.

A physician, two clerks and two public nurses in charge of T.B. control per 50,000 population will be stationed at health centers (or branches).

###### (b) Branches of health centers.

###### (2) Establishment of T.B. Care Committee in a city, town and village. This committee will take charge of the following matters.

###### (a) Diffusion of knowledge of T.B. Control.

###### (b) Guidance in a mode of living for T.B. control.

###### (c) Help for entering sanatoriums.

###### (d) Care for T.B. cases at home and supply of nutrition

###### (e) After care for T.B., cases released from sanatorium.

###### (f) Livelihood protection of T.B. cases.

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- (3) Strengthening the activities for T.B. control in a city, town and village.
- (4) Establishment of close contact of health centers with sanatoriums and encouragement of the members of sanatoriums to do field work for T.B. control.
- (5) Co-operation with Physicians Association, Dentist's Association, Pharmaceutist's Association and Public Nurse's Association.
- (6) Co-operation with National Health Insurance Society, Farmer's Union, Labor's Union, etc.
- (7) Mass Examination.

- (a) Range of ages of the persons to be examined.  
Young persons of 6 to 29 years of age.

1. Tuberculin test.
2. X-ray examination.
3. Close examination.

- (b) Materials

Remarks: X-ray machinery in health centers and X-ray automobile.

- (8) Guidance and Observation of T.B. cases at home.
- (9) Medical examination and instruction of the family of T.B. cases.
- (10) Enforcement of notification of T.B. cases.  
(For this purpose supply of nutrition to notified cases is to be considered).
- (11) Close contact of health centers with practitioners.

Facilities of health centers may be available by practitioners.

## 2. Improvement and Increase of Sanatoriums and their Accommodations.

### a. Beds

80,000 beds are necessary.

(48,050 beds are granted by the budget for 1947).

### b. Nutrition.

2,400 calories should be granted per a day for a case in sanatorium. (About 90 grams of protein and about 30 grams of fat are necessary for a T.B. case per day.)

### c. Improvement of the patient's daily life in sanatorium.

### d. Transportation of T.B. cases.

## 3. Improvement of the technique of the persons relating to T.B. control and treatment.

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a. Investigation of T. B.

- (1) Fundamental investigation.
- (2) Investigation of the methods of T. B. control.
- (3) Investigation of T. B. treatment.
- (4) Investigation of nutrition for T. B. cases.
- (5) Study of social and economic problems of T. B.
- (6) Establishment of model district of T. B. control
- (7) Study of management of sanatoriums.

b. Providing manual of prevention, diagnosis and treatment of T.B.

c. Course for Retraining

- (1) Administration and method of T. B. control.

- (a) Central Government

Course for the prefectural medical officers in charge of T.B. control will be held in Tokyo.

- (b) Local Government.

1. Course for prefectural members (including physicians) engaging in T.B. control will be held in each prefecture by the medical officer in charge of T.B. control respectively.

2. The medical officer in charge of T.B. control in health centers will held courses in T.B. control for the care committee.

- (2) Treatment of T. B.

- (a) Central Government

1. Course for representatives of the physicians of principal sanatoriums in each prefecture will be held in Tokyo.

- (b) Local Government.

1. Course for the physicians and nurses in sanatoriums will be held in each prefecture by the above mentioned representatives.

2. Course for the members (including physicians) engaging in T.B. control will be held by the representatives mentioned in paragraph (a).

3. Course for practitioners.

Course for practitioners will be held by Physician's Association, with the Government subsidy. Lecturers will be sent also from the Central Government.

d. Formation of the teams of leaders in T. B. control.

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4. Publicity and Public Education.

a. Strengthening the Functions of Anti-tuberculosis Bodies.

- (1) Strengthening and making the best use of Japanese Anti-tuberculosis Associations. The Japanese Anti-tuberculosis Association shall be the center of such bodies.
- (2) Strengthening and making the best use of other anti-tuberculosis bodies.
- (3) Formation of female anti-tuberculosis committee.

(a) Organization.

1. Central --- Central Female Anti-tuberculosis committee.
2. Local --- Local Female Anti-tuberculosis Committee in each prefecture and branch in a city, town and village.

(b) Aims.

Diffusion of anti-tuberculosis knowledge and application of the knowledge. Help for T.B. care committee.

b. Diffusion of Anti-tuberculosis Knowledge through Schools.

T. B. shall be included in teaching subjects of school. Anti-tuberculosis education of the families through school-children. Guidance of a mode of living for T.B. control through older school children.

5. Inoculation of BCG.

a. Range of ages of the persons to be inoculated. Persons of 6 to 29 years of age, showing negative tuberculin reaction shall be inoculated with BCG.

b. Production of BCG.

Manufactories of BCG will be increased, if necessary.

Remarks: Two manufactories at present.

6. Revision and Amendment of Anti-tuberculosis Act.

Venereal Disease Control Reports

The following is a summary of venereal disease control reports submitted by Military Government health officers throughout Japan. It represents the first compilation of such data for all of Japan.

The period covered, probably represents the situation during the last months of 1946, since most of the reports were received during December and January. This is the period during which the present program was just beginning. The majority of the reports used December 1946 as the current month described.

No distinction can be made between public and private patients, between prostitutes and patients in the general population, and between facilities offering just periodic examinations and those also furnishing treatment.

At the time these reports were made there were very few public treatment facilities for the general population.

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Total population reported - - 72,344,384.

Hospital facilities for venereal disease patients

National Hospitals	40	Average beds occupied	790
Prefectural Hospitals	79	" " "	1855
Municipal and local hospitals	37	" " "	317

Out-patient facilities for venereal disease patients

National	9	Average patients daily	77
Prefectural	214	" " "	3117
Municipal	45	" " "	515

Classification by Disease: (9 prefectures reported data not available).

<u>Disease</u>	<u>Previous Month</u>	<u>Month of the Report</u>
Gonorrhea Acute	3444	7137
Chronic	3924	1875
Ophthalmia	11	4
Syphilis Primary	2442	1571
Secondary	1440	1376
Early Latent	1880	896
Late Latent	443	332
Late	131	102
Congenital	45	28
Chancroid	1156	1851
Lymphogranuloma Venereum	36	41
Granuloma Inguinale	12	10

Sex of Patient: (5 prefectures were unable to furnish this data.)

Males 15,878  
Females 14,223

Occupation of Patients: (12 prefectures were unable to furnish this data.)

Prostitutes	4946
Entertainers	212
No Occupation	3177
Factory Worker	746
Clerks	1189
Farmers	2275
Sailors	145
Waitresses and Cooks	334
Fishery	325
Laborers	785
Railroad	140
Domestics	22
Others	561

Sources of Infection: (17 prefectures were unable to furnish this data. Eight of these stated "prostitutes were the chief source".)

Commercial Prostitutes	6584
Clandestine prostitutes	1462
Friends	417
Husbands	1271
Wives	132
Congenital	18
Unknown	2000

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The following are helpful comments of Military Government health officers which have been extracted from reports received by SCAP.

"Of the 141 cases reported in October only 3 voluntarily came for treatment. The police netted another 100; and the remaining 30 were referred by private physicians."

"117 prostitutes, geishas, streetwalkers, waitresses, etc. were brought in for examination by Japanese doctors under the supervision of medical officers from - - - - troops. Fourteen cases of lues were diagnosed and 74 cases of gonorrhea. Ten (10) girls had both, so the total number of infections was 78. These are all now under treatment."

"Quite a few men are treated at the V. D. clinic in - - - - and their occupations range from railway workers, farmers, truck drivers, etc. Most of the women are geisha girls, dancers, and waitresses in hotels, etc., though a minority of the women are wives that have been infected by their husbands."

"It might be of interest to you to know that we have had radio broadcasts over the local - - - - station about venereal diseases. They are in very simple language that the ordinary Japanese can easily understand. We have also published articles in the daily local newspaper in this prefecture and hope that these methods will help to enlighten the public."

"An intensive orientation campaign aimed primarily at the medical profession to consider VD as a problem common to the entire population is my suggestion. Subsequently this campaign should filter down to the lay public liberally diluted with the local idiom."

"I suggest a presentation of the actual medical aspects of the treatment and diagnosis of the venereal diseases to the medical profession based upon the assumption that one is dealing with a group which is completely uninformed or misinformed. A sophomore medical school level is not too elementary; and a brief review of basic anatomy would not be amiss."

"It is very difficult for the Military Government Public Health Officers to find time to adequately train the Japanese physicians in Venereal Disease Control. I would suggest that the Home Ministry set up a post graduate school in V.D. to be attended by one or two members from each prefecture."

"There are 12 Health Centers in this Prefecture. At the present time none of these are being used as venereal disease clinics. Both from a financial standpoint, and strategic locations, I feel that Venereal Disease clinics should be attached to these Health Centers. Such a plan is now contemplated in this Prefecture."

"I don't believe the ordinary Japanese physician is aware of the prevalence of venereal disease in the lay population so they have no idea of the amounts of supplies needed in order to give everyone adequate treatment."

"An interesting survey of known prostitutes was recently conducted under the supervision of the legal section of this headquarters. Out of over 400 women examined, the results so far tabulated show about 85% to have one or more venereal diseases. This rate is much higher than would appear from the results of the routine weekly examinations and gives an indication of the true picture of venereal disease in prostitutes and of what the Japanese diagnosticians are able to do if properly prodded."

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"One particularly bad situation, not local, is the matter of self-treatment due to the ability of the laity to purchase drugs, such as Japanese sulfonamides, without the advice of a physician. Also, in this connection, many private practitioners are inadequately treating these patient and claiming "cures" unwarrantedly."

"This office feels that the only satisfactory way to cope with the V. D. problem here is to first get the prefectural health authorities interested in the control of these diseases by creating an awareness of their scope and potential dangers."

## SECTION VI

### SOCIAL SECURITY

#### Social Insurances

The former Naval Mutual Aid Insurance Association has requested the Insurance Bureau of the Ministry of Welfare to take over the administration of the Association and all of its assets. It was further requested that the provisions guaranteed by the association be assured by the Social Insurance Bureau of the Ministry of Welfare for the benefit of the insured members. There are a number of established and well equipped former naval hospitals which may be absorbed by the unified national hospital system to be coordinated with the Social Insurance Health program.

#### Welfare Pension Insurance

Comments obtained from employees regarding benefit payments under provisions of this insurance were; the benefit seemed so far in the future, little thought had been given as to what they would actually receive. The present law does not begin pension benefit payment until 1955. Another comment came from a Japanese sociologist who has recommended, following recent statistical studies, that the eligible age for receiving pension benefits be changed from 55 years of age to 60 years, however, that payments begin now.

The prefectural offices have another problem in that they are short of personnel to adequately run the office. The reason given is that government pay is too low to attract qualified personnel.

#### Seamen's Insurance

The slowness in paying benefits is a complaint received from employers and employees. This matter is being given considerable study as to whether it exists in the prefectural office or in the government offices in Tokyo. Necessary changes will be accomplished based upon existing conditions.

#### Health Insurance

The complaint regarding the margin between the charges by doctors for medical services and the rate allowed by the association will be solved in the near future. With a unification of the various hospital systems, a cooperative agreement will be arranged to overcome the high cost of medical care by group treatment.

## SECTION VII.

### MEDICAL SERVICE

Japanese Civilian Hospital Strength Report for the period ending 7 February 1947 shows 3073 hospitals with a capacity of 216,899 beds, 97,383 of which were occupied. During this same period 252,750 outpatients were treated.



## Medical Education

A year of joint effort by SCAP and the Japan Council on Medical Education to establish higher medical educational standards, was culminated this month when the Ministry of Education presented a SCAP approved plan for the improvement of Medical Education.

Inspection was made of all existing medical Semmon Gakko (51 in number), using the university affiliated Semmon Gakko as a standard and grouping them into Class "A" and "B".

The "A" class Semmon Gakko will be allowed to continue its medical education program until its present students are graduated. After one additional year of study and one year internship, the graduate will be eligible to take national examination for medical licensure.

The "B" class Semmon Gakko will be refused the privilege of continuing medical education courses. Students of "B" class schools will be transferred to vacancies in "A" class schools, with a repetition of the year just completed and then continue their education as specified for "A" class students above.

In addition, students of "B" class schools may be absorbed by the Koto Gakko (university preparatory schools) in the following manner:

- (1) Seniors and Juniors of the Semmon Gakko will be admitted to 3rd and 2nd years of the Koto Gakko respectively.
- (2) Sophmores and Freshmen will be admitted to the 1st year of the Koto Gakko.

Fifth year students, now enrolled in class "A" schools offering a five year course, will be permitted to graduate and proceed directly to intern training.

The inspections resulted in continuing the temporary operation of 45 medical Semmon Gakko as class "A" schools.

The over-all Medical Educational plan will be completed by 1950. After this date, Semmon Gakkos which have been raised to university standard, will continue as medical schools. Others, which cannot meet the requirements of a university type medical school, will cease to exist as medical schools.

## SECTION VIII

### VITAL STATISTICS

Visits were made to the local registration offices in Fujisawa, Omiya and Chiba to confer on methods of checking completeness of local registration.

## SECTION IX

### CONSULTANTS

## Nutrition Surveys

The attached nutrition survey consumption data for February 1946 is submitted for the four cities and nineteen prefectures.



# RESULTS OF NUTRITION SURVEYS - JAPAN - 1946 - 1947

Nutrients in grams and calories, and grams of various classes of food consumed per capita per day.

## 19 PREFECTURES

(Ibaraki, Tochigi, Gumma, Saitama, Chiba, Tokyo, Kanagawa, Shizuoka, Aichi, Shiga, Kyoto, Osaka, Hyogo, Wakayama, Okayama, Hiroshima, Fukuoka, Saga, and Kumamoto)

### Nutrients in Grams and Calories per Capita per Day

	1946 February	1946 May	1946 August	1946 November	1947 February
Number	37,836	38,547	38,399	37,834	37,849
Pop. Ratio					
<u>Adult Unit</u>	0.818	0.886	0.867	0.916	0.839
No. persons					
<u>Protein</u>					
Animal	4.8	5.6	5.1	5.8	5.0
Vegetable	47.8	50.5	54.0	54.7	52.6
Total	52.6	56.1	59.1	60.5	57.6
<u>Fat</u>	-	12.2	11.8	11.2	10.1
<u>Carbohydrate</u>	-	393.8	395.2	489.4	454.1
<u>Calories</u>					
Ration	233	449	354	226	118
Free Market	75	54	58	75	53
Home Production	1613	1462	1533	2054	2013
Gift	31	18	15	14	9
Total	1952	1983	1960	2369	2193

Source: Imperial Japanese Government



# 19 PREFECTURES

Grams of Various Classes of Food Consumed per Capita  
per Day from Nutrition Surveys - Japan - 1946 - 1947

	1946 February No data	1946 May	1946 August	1946 November	1947 February
<u>Grains</u>					
Rice		313.4	196.3	300.1	390.7
Wheat		144.0	99.5	40.7	26.3
Barley			129.6	87.5	48.3
Others		6.9	14.9	7.2	7.1
Total		464.3	440.3	435.5	472.4
<u>Nuts, Etc.</u>		0.03	0.03	0.5	0.1
<u>Potatoes</u>					
Sweet		82.8	8.1	495.0	243.2
White		15.3	160.5	8.8	15.0
Others		27.4	0.4	68.5	29.0
Total		125.5	169.0	572.3	287.2
<u>Sugars</u>		0.1	0.03	0.3	0.5
<u>Oils</u>		0.5	1.2	0.8	0.6
<u>Legumes</u>					
Soya		39.8	1.3	3.5	4.2
Soya Products			34.6	39.3	41.4
Other beans		3.5	6.1	3.1	2.2
Total		43.3	42.0	45.9	47.8
<u>Animal Foods</u>					
Fish		20.5	15.2	19.9	17.9
Meat, Poultry		1.0	2.8	2.7	1.8
Eggs		1.5	1.4	0.5	1.2
Milk		3.1	1.6	0.4	0.5
Total		26.1	21.0	23.5	21.4
<u>Leafy, Green &amp; Yellow Vegetables</u>		109.3	173.5	95.9	83.5
<u>Other Fruits &amp; Vegetables</u>					
Citrus, Tomatoes		1.0	34.2	1.2	8.0
Other Fruits		0.6	20.9	9.4	0.3
Other Vegetables		72.7	177.3	149.1	203.0
Total		74.3	232.4	159.7	211.3
<u>Seaweeds</u>		4.3	1.0	2.5	1.5
<u>Processed Veg.</u>					
Dried		4.6	0.4	0.6	3.6
Pickled		50.8	68.8	66.1	81.4
Total		55.4	69.2	66.7	85.0
<u>Flavours</u>		9.4	15.8	14.0	20.1
<u>Others</u>		2.8			



# RESULTS OF NUTRITION SURVEYS - JAPAN - 1946 - 1947

Nutrients in grams and calories, and grams of various classes of food consumed per capita per day.

## FOUR CITIES

(Nagoya, Osaka, Kure and Fukuoka)

### Nutrients in Grams and Calories per Capita per Day

	1946 February	1946 May	1946 August	1946 November	1947 February
<u>Number</u>	13,810	14,426	13,943	13,796	13,849
<u>Pop. Ratio</u>					
<u>Adult Unit</u>	0.812	0.823	0.824	0.823	0.826
<u>No. persons</u>					
<u>Protein</u>					
Animal	15.6	17.0	10.0	14.1	11.7
Vegetable	45.0	41.1	44.5	42.0	45.3
Total	60.6	58.1	54.5	56.1	57.0
<u>Fat</u>	-	13.1	11.8	11.5	10.0
<u>Carbohydrate</u>	-	304.7	285.0	376.7	371.0
<u>Calories</u>					
Ration	1092	1128	910	1153*	1202
Free Market	443	385	458	621	562
Home Production	53	49	110	75	48
Gift	89	41	48	33	34
Total	1677	1603	1526	1882	1846

\* Ration increased from 2.1 go (315 grams) of staple food to 2.5 go (375 grams) 1 November 1946.

Source: Imperial Japanese Government



# FOUR CITIES

Grams of Various Classes of Food Consumed per Capita  
per Day from Nutrition Surveys - Japan - 1946 - 1947

	1946 February No data	1946 May	1946 August	1946 November	1947 February
<u>Grains</u>					
Rice		294.1	86.4	185.0	322.4
Wheat		61.2	188.2	84.6	67.1
Barley			33.9	25.0	10.9
Others		8.4	4.1	5.4	0.7
Total		363.7	312.6	300.0	401.1
<u>Nuts, Etc.</u>		0.04	0.4	0.14	0.02
<u>Potatoes</u>					
Sweet		10.6	12.8	481.1	143.4
White		2.4	59.4	8.7	9.5
Others		5.8	0.2	26.7	13.5
Total		18.8	73.4	516.5	166.4
<u>Sugars</u>		0.2	0.13	0.33	0.7
<u>Oils</u>		1.9	2.3	1.5	1.5
<u>Legumes</u>					
Soya		20.8	1.5	1.2	3.1
Soya Products			14.9	14.5	23.2
Other beans		12.1	3.0	4.3	1.8
Total		32.9	19.4	20.0	28.1
<u>Animal Foods</u>					
Fish		68.2	27.5	55.0	52.3
Meat, Poultry		3.7	10.0	10.1	7.6
Eggs		2.0	2.2	0.7	1.8
Milk		0.9	0.5	0.9	0.8
Total		74.8	40.2	66.7	62.5
<u>Leafy, Green &amp; Yellow Vegetables</u>		123.4	151.1	67.8	64.4
<u>Other Fruits &amp; Vegetables</u>					
Citrus, Tomatoes		0.6	23.0	8.0	7.8
Other Fruits		0.2	6.8	5.5	2.1
Other Vegetab.		116.2	232.8	245.7	228.0
Total		117.0	262.6	259.2	237.9
<u>Seaweeds</u>		8.8	6.5	7.0	12.6
<u>Processed Veg.</u>					
Dried		5.2	1.4	0.4	7.6
Pickled		27.7	13.1	31.0	61.2
Total		32.9	14.5	31.4	68.8
<u>Flavours</u>		17.5	14.5	24.1	28.0
<u>Others</u>		2.9			



*Section X*  
SECTION X

MEMORANDUM TO IMPERIAL JAPANESE GOVERNMENT

None

*Crawford F. Sams*  
CRAWFORD F. SAMS  
Colonel, Medical Corps,  
Chief, Public Health and Welfare Section

2 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 22 March 47, w/Digest.
2. Venereal Disease Report for week ending 22 March 47.







## Digest of Weekly Summary Report of Communicable

### Diseases for the Week Ending 22 March 1947

The most important communicable diseases in terms of numbers of cases during the week ending 22 March 1947 were diphtheria (680), malaria (211), typhoid fever (135), and epidemic meningitis (135). Nearly all deaths from communicable diseases were from diphtheria (46), epidemic meningitis (31), typhoid fever (23), and dysentery (16).

Decreases were recorded in the incidence of all communicable diseases except paratyphoid fever, malaria and epidemic meningitis.

Thirty-three prefectures submitted reports on the newly added reportable communicable diseases. Altogether they reported for tuberculosis 4,914 cases and 352 deaths; for pneumonia 6,299 cases and 472 deaths; for measles 5,815 cases and 58 deaths; for whooping cough 4,805 cases and 51 deaths.

Diphtheria cases (680) were 10 percent less than in the previous week (754) and deaths from diphtheria (46) were nearly 35 percent fewer than in the preceding week (70). The current<sup>and</sup> cumulative case rates per 100,000 population were 48.5 and 49.6 respectively. The corresponding death rates were 3.3 and 5.0.

Dysentery cases (59) declined approximately 25 percent from 80 in the previous week while deaths increased slightly from 13 to 16. The current and cumulative case rates were 4.2 and 4.4. Corresponding death rates were 1.1 and 1.0 respectively.

Typhoid fever cases declined for the second consecutive week with a recorded drop of nearly 20 percent from 166 to 135 cases in the current week. Deaths (23) remained the same. The current case rate of 9.6 was well below the cumulative rate of 15.3. The current and cumulative death rates were 1.6 and 2.0 respectively.

Paratyphoid fever cases increased 80 percent from 35 to 63 currently. There was a general decline in paratyphoid fever cases except for a single outbreak in a factory dormitory in Osaka Prefecture, which accounted for 40 of the 63 cases reported for all Japan. Only 2 deaths were reported compared with 3 in the previous week. The current and cumulative case rates were 4.5 and 3.4 respectively. Corresponding death rates were 0.1 and 0.2.

There were 13 smallpox cases and 2 deaths in the current week compared with 15 cases and 1 death in the preceding week. The current and cumulative case rates were 0.9 and 1.0 respectively. Both the current and cumulative death rates were 0.1.

Epidemic typhus cases (15) were less than half the number (31) reported in the previous week, and no deaths were reported. The current case rate (1.1) was less than half of the cumulative rate (2.9). The cumulative death rate remained at 0.2.

The number of malaria cases (211) was approximately 10 percent greater than in the preceding week (192) but there was only 1 death compared with 2 previously. The current case rate was 15.0 compared with a cumulative rate of 11.8. Both the current and cumulative death rates were 0.1.

There were 46 scarlet fever cases and 1 death in the current week compared with 49 cases and no deaths in the preceding week. The current and cumulative case rates were 3.3 and 3.1 respectively. Both the current and cumulative death rates were 0.1.



Epidemic meningitis cases (135) were almost the same as in the previous week (132) and deaths (31) were slightly less than previously (36). The current and cumulative case rates were 9.6 and 5.5 respectively. Corresponding death rates were 2.2 and 1.4.

There continued to be no cholera, Japanese B encephalitis or plague.

The current and cumulative number of cases of chancroid were 713 and 9,681 respectively; gonorrhea, 3,168 and 40,960; syphilis, 2,265 and 27,147.



SUMMARY REPORT OF CASES AND DEATHS FROM  
COMMUNICABLE DISEASES IN JAPAN  
WEEK ENDING 22 MARCH 1947

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	41	1	822	112	3	2	56	15
AOMORI	10	1	104	16	-	-	6	3
IWATE	11	1	107	12	-	-	15	1
MIYAGI	17	-	127	8	-	-	15	1
AKITA	10	-	153	14	-	-	10	2
YAMAGATA	23	-	244	18	5	-	23	5
FUKUSHIMA	13	-	129	3	-	1	29	3
IBATAKI	29	5	163	21	-	-	30	7
TOCHIGI	7	-	137	14	1	-	23	8
GUMMA	9	1	110	30	3	-	19	5
SAITAMA	12	-	143	15	4	-	15	2
CHIBA	3	1	179	16	-	-	19	4
TOKYO	47	13	579	101	9	1	92	19
KANAGAWA	18	4	167	13	3	1	18	4
NIIGATA	7	1	169	20	1	-	28	5
TOYAMA	8	1	61	5	-	-	2	1
ISHIKAWA	23	-	139	1	2	1	4	1
FUKUI	1	-	81	3	-	-	10	4
YAMANASHI	7	-	32	1	-	-	5	-
NAGANO	16	1	178	18	-	-	8	1
GIFU	2	-	61	11	2	-	4	4
SHIZUOKA	9	-	163	18	2	1	20	4
AICHI	23	1	366	28	6	-	27	3
MIE	17	2	190	10	-	-	2	2
SHIGA	8	1	53	4	-	-	5	1
KYOTO	9	-	141	11	-	-	63	5
OSAKA	13	1	128	23	5	3	40	9
HYOGO	30	3	275	23	-	-	16	6
NARA	5	-	48	4	-	-	-	-
WAKAYAMA	1	-	67	2	-	-	-	-
TOTTORI	-	-	46	6	-	-	1	3
SHIMANE	11	-	126	9	1	1	5	1
OKAYAMA	11	1	113	9	-	-	2	1
HIROSHIMA	7	-	112	14	3	1	13	3
YAMAGUCHI	2	-	196	21	-	-	15	5
TOKUSHIMA	9	-	81	3	1	-	4	-
KAGAWA	4	-	59	4	1	1	17	3
EHIME	20	4	323	25	3	-	10	2
KOCHI	13	-	104	6	-	3	6	7
FUKUOKA	72	-	683	45	2	-	18	3
SAGA	19	-	261	30	-	-	11	2
NAGASAKI	22	1	201	20	2	-	10	6
KUMAMOTO	4	-	60	7	-	-	1	3
OITA	21	-	281	21	-	-	3	1
MIYAZAKI	11	1	175	15	-	-	9	2
KAGOSHIMA	25	1	206	34	-	-	4	2
TOTAL	680	46	8343	844	59	16	733	169

RATE								
Current	48.5	3.3	49.6	5.0	4.2	1.1	4.4	1.
Previous	52.8	5.0			5.7	0.9		

Rates per 100,000 per annum



Weekly Report - 22 March 1947  
Continued

PREFECTURE	TYPHOID				PARATYPHOID			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	5	1	115	25	1	1	23	3
AOMORI	-	-	34	11	-	-	2	-
IVATE	7	-	32	4	1	-	7	-
YAMAGI	2	-	73	5	2	-	15	-
AKITA	1	-	11	-	-	-	2	1
YAMAGATA	2	-	66	17	-	-	17	1
FUKUSHIMA	2	-	93	5	-	-	10	1
IBARA	3	1	96	11	3	-	30	2
TOCHIGI	3	1	47	8	1	-	6	1
CAN	1	-	36	8	-	-	12	1
SAITAMA	5	-	61	2	-	-	4	3
CHIBA	1	2	75	9	-	-	24	1
TOKYO	13	2	161	26	3	-	58	3
KANAGAWA	6	1	120	15	1	-	16	1
NIIGATA	7	-	58	16	-	-	15	1
TOYAMA	3	1	38	9	-	-	8	-
ISHIKAWA	1	-	11	-	3	-	6	-
FUKUI	-	-	29	2	-	-	5	-
YAMANASHI	3	-	18	-	-	-	7	-
NAAGANO	3	-	56	8	-	-	21	3
GIFU	2	3	70	5	-	-	16	1
SHIZUOKA	3	-	104	7	-	-	31	-
AICHI	7	2	122	11	-	-	27	1
MAE	2	-	85	8	2	1	25	3
SHIGA	-	-	14	3	-	-	3	-
KYOTO	4	-	51	13	-	-	7	1
OSAKA	7	1	51	7	40	-	61	1
HYOGO	2	2	104	19	-	-	8	-
NARA	4	2	21	3	-	-	-	-
WAKAYAMA	2	-	47	5	1	-	1	-
TOTTEI	1	-	33	3	-	-	2	-
SHIMANE	4	-	41	7	2	-	11	-
OKAYAMA	-	1	69	7	1	-	5	-
HIROSHIMA	2	-	139	12	1	-	16	-
YAMAGUCHI	1	-	34	2	-	-	5	-
TOKUSHIMA	8	-	44	5	-	-	5	2
KAGAWA	1	-	27	10	-	-	9	-
EHIME	1	1	28	5	-	-	2	-
KOCHI	3	1	65	11	-	-	10	-
FUKUOKA	8	-	84	6	1	-	14	1
SAGA	-	-	22	-	-	-	6	1
NAGASAKI	2	-	15	-	-	-	8	1
KUMAMOTO	-	-	19	1	-	-	3	-
OITA	1	-	8	-	-	-	2	-
MIZUAKI	2	-	28	4	-	-	10	1
KAGOSHIMA	-	1	7	4	-	-	1	-
TOTALS	135	23	2572	339	63	2	576	35

RATE								
Current	9.6	1.6	15.3	2.0	4.5	0.1	3.4	0.2
Previous	11.8	1.6			2.5	0.2		

Rates per 100,000 per annum

Weekly Report - 22 March 1947  
Continued

PREFECTURE	MALARIA				CHOLEFA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	3	-	36	-	-	-	-	-
AOMORI	4	-	23	-	-	-	-	-
IVATE	5	-	61	-	-	-	-	-
MIYAGI	-	-	8	-	-	-	-	-
AKITA	1	-	35	-	-	-	-	-
YAMAGATA	-	-	10	-	-	-	-	-
FUKUSHIMA	1	-	39	-	-	-	-	-
IBARAKI	29	-	114	-	-	-	-	-
TOCHIGI	-	-	7	-	-	-	-	-
GUMMA	-	-	2	-	-	-	-	-
SAITAMA	-	-	5	-	-	-	-	-
CHIBA	2	-	28	-	-	-	-	-
TOKYO	13	-	124	-	-	-	-	-
KANAGAWA	5	-	78	-	-	-	-	-
CHICAGO	1	-	34	1	-	-	-	-
TOYAMA	-	-	12	-	-	-	-	-
ISHIKAWA	1	-	2	-	-	-	-	-
FUKUI	4	-	9	-	-	-	-	-
YAMANASHI	3	-	9	-	-	-	-	-
YAGANO	6	-	47	-	-	-	-	-
GIFU	-	-	1	-	-	-	-	-
SHIZUOKA	4	-	17	-	-	-	-	-
AICHI	7	-	77	-	-	-	-	-
MIE	7	-	43	-	-	-	-	-
SHIGA	4	-	64	-	-	-	-	-
KYOTO	2	-	36	-	-	-	-	-
OSAKA	-	-	7	-	-	-	-	-
HYOGO	32	-	71	-	-	-	-	-
NARA	4	-	21	-	-	-	-	-
WAKAYAMA	3	-	14	-	-	-	-	-
TOTTORI	3	-	41	-	-	-	-	-
SHIMANE	5	-	17	-	-	-	-	-
OKAYAMA	1	-	15	-	-	-	-	-
HIROSHIMA	5	-	63	-	-	-	-	-
YAMAGUCHI	5	-	47	-	-	-	-	-
TOKUSHIMA	6	-	67	-	-	-	-	-
KAGAWA	1	-	49	-	-	-	-	-
EHIME	4	-	64	-	-	-	-	-
KOCHI	1	-	24	-	-	-	-	-
FUKUOKA	20	-	251	2	-	-	-	-
SAGA	6	1	126	2	-	-	-	-
NAGASAKI	2	-	18	-	-	-	-	-
KUMAMOTO	2	-	33	-	-	-	-	-
OKITA	5	-	103	3	-	-	-	-
MIYAZAKI	2	-	17	1	-	-	-	-
KAGOSHIMA	2	-	23	-	-	-	-	-
TOTAL	211	1	1992	9	0	0	0	0
RATE								
Current	15.0	0.1	11.8	0.1	0.0	0.0	0.0	0.0
Previous	13.7	0.1			0.0	0.0		

Rates per 100,000 per annum



Weekly Report - 22 March 1947  
Continued

PREFECTURE	SMALL POX				EPIDEMIC TYPHUS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	-	15	1	1	-	27	5
AOMORI	-	-	-	-	-	-	1	-
IWATE	1	1	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	9	1
AKITA	-	-	8	1	-	-	-	-
YAMAGATA	-	-	6	3	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	1	-
IBARAKI	-	-	19	1	2	-	26	2
TOCHIGI	-	-	2	-	-	-	5	1
GUMMA	-	-	1	-	-	-	2	2
SAITAMA	-	-	2	1	-	-	16	2
CHIBA	-	-	13	2	-	-	17	1
TOKYO	1	1	9	1	1	-	71	7
KANAGAWA	2	-	3	-	2	-	19	1
NIIGATA	-	-	-	-	-	-	7	1
TOYAMA	-	-	1	-	-	-	5	-
ISHIKAWA	-	-	1	-	3	-	10	-
FUKUI	-	-	-	-	-	-	5	3
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	-	-	1	-	-	-	4	1
GIFU	-	-	-	-	-	-	18	-
SHIZUOKA	-	-	1	-	-	-	17	-
AICHI	1	-	1	-	1	-	105	1
MIE	1	-	2	-	-	-	4	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	5	-
OSAKA	-	-	9	2	3	-	30	-
HYOGO	2	-	15	3	-	-	1	1
NARA	-	-	-	-	-	-	2	-
WAKAYAMA	1	-	3	-	-	-	13	-
TOTTORI	-	-	1	-	-	-	3	-
SHIMANE	-	-	5	-	-	-	5	-
OKAYAMA	-	-	9	-	-	-	2	-
HIROSHIMA	-	-	1	-	-	-	1	-
YAMAGUCHI	-	-	1	-	-	-	10	-
TOKUSHIMA	-	-	-	-	-	-	2	-
KAGAWA	-	-	1	-	-	-	16	4
EHIME	-	-	-	-	-	-	1	-
KOCHI	-	-	1	-	-	-	1	-
FUKUOKA	1	-	13	1	-	-	2	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	1	-	-	-	7	-
KUMAMOTO	-	-	-	-	-	-	1	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	1	-	1	-	2	-	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	13	2	160	18	15	0	486	34

RATE								
Current	0.9	0.1	1.0	0.1	1.1	0.0	2.9	0.2
Previous	1.1	0.1			2.2	0.2		

Rates per 100,000 per annum



Weekly Report - 22 March 1947  
Continued

PREFECTURE	SCARLET FEVER				EPILEMIC MENINGITIS				JAP. B.		ENCEPHALITIS	
	Current		Cumulative		Current		Cumulative		Current		Cumulative	
	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)
HOKKAIDO	5	-	81	3	13	5	121	31	-	-	-	-
AOMORI	-	-	7	1	1	-	19	5	-	-	-	-
IWATE	-	-	5	1	4	2	18	7	-	-	-	-
MIYAGI	1	-	11	-	3	-	27	5	-	-	-	-
AKITA	1	-	12	1	2	1	22	8	-	-	-	-
YAMAGATA	2	-	10	-	2	-	9	1	-	-	-	-
FUKUSHIMA	1	-	11	-	10	1	38	8	-	-	-	-
IBARAKI	2	1	9	1	8	2	67	24	-	-	-	-
TOCHIGI	-	-	4	-	-	-	5	3	-	-	-	-
GUNMA	1	-	5	-	3	2	14	2	-	-	-	-
SAITAMA	-	-	13	-	2	-	26	7	-	-	-	-
CHIBA	-	-	10	-	4	2	24	9	-	-	-	-
TOKYO	8	-	104	1	36	8	225	62	-	-	-	-
KANAGAWA	6	-	29	-	3	-	14	5	-	-	-	-
NIIGATA	1	-	2	-	6	-	16	2	-	-	-	-
TOYAMA	1	-	4	-	-	-	2	-	-	-	-	-
ISHIKAWA	-	-	1	1	2	1	14	1	-	-	-	-
FUKUI	-	-	1	-	1	-	3	2	-	-	-	-
YAMANASHI	1	-	5	-	2	-	13	-	-	-	1	-
NAGANO	1	-	15	1	2	1	13	3	-	-	-	-
GIFU	-	-	4	-	3	-	9	2	-	-	-	-
SUZUKA	2	-	12	-	7	1	30	3	-	-	-	-
AICHI	-	-	18	1	-	-	6	1	-	-	-	-
MIE	-	-	8	-	1	-	7	1	-	-	-	-
SHIGA	1	-	10	-	-	-	6	2	-	-	-	-
KYOTO	1	-	47	1	2	-	16	4	-	-	-	-
OSAKA	1	-	14	-	2	-	30	3	-	-	-	-
HYOGO	2	-	16	-	4	1	20	5	-	-	-	-
NAHA	-	-	-	-	-	-	1	-	-	-	-	-
WAKAYAMA	-	-	4	-	-	-	3	2	-	-	-	-
TOTTORI	-	-	3	-	1	1	6	1	-	-	-	-
SHIMANE	2	-	8	-	-	-	1	1	-	-	-	-
OKAYAMA	1	-	8	-	1	-	4	2	-	-	-	-
HIROSHIMA	-	-	2	-	2	1	8	3	-	-	1	1
YAMAGUCHI	1	-	5	-	-	-	6	2	-	-	-	-
TOKUSHIMA	-	-	3	-	-	-	3	-	-	-	-	-
KAGAWA	3	-	5	-	-	-	1	1	-	-	-	-
EHIME	1	-	7	-	1	-	11	6	-	-	-	1
KOCHI	-	-	-	-	-	-	6	1	-	-	-	-
FUKUOKA	-	-	2	1	2	-	27	10	-	-	-	-
SAGA	-	-	-	-	2	-	6	3	-	-	-	-
NAGASAKI	-	-	8	-	1	1	8	1	-	-	-	-
KUMAMOTO	-	-	1	-	1	-	8	1	-	-	-	-
OKITA	-	-	-	-	-	-	4	1	-	-	-	-
MIZUAKI	-	-	3	-	-	-	2	-	-	-	-	-
KAGOSHIMA	-	-	2	-	1	1	12	2	-	-	-	-
TOTAL	46	1	529	13	135	31	931	243	0	0	2	2

FATE												
Current	3.3	0.1	3.1	0.1	9.6	2.2	5.5	1.4	0.0	0.0	0.01	0.0
Previous	3.5	0.0			9.4	2.6			0.0	0.0		

Cumulative cases and deaths include all reported, beginning with the week ending 4 January through the current week for all diseases.

Rates per 100,000 per annum

Plague: 0

(From Japanese Sources)



WEEKLY SUMMARY REPORT  
OF  
VENEREAL DISEASES IN JAPAN.  
WEEK ENDING 22 MARCH 1947

(C) Current cases plus delayed reports  
(T) Total cases for year to date

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	28	325	176	1759	102	821
AOMORI	2	72	29	413	11	288
IWATE	-	34	17	207	45	358
MIYAGI	5	72	35	498	24	386
AKITA	6	61	37	420	10	282
YAMAGATA	1	55	16	360	28	425
FUKUSHIMA	2	102	36	642	36	570
IBARAKI	16	199	36	579	45	690
TOCHIGI	10	120	61	747	34	600
GUMMA	6	70	33	416	48	520
SAITAMA	18	243	57	796	67	569
CHIBA	NR	216	NR	804	NR	556
TOKYO	45	516	193	1523	125	966
KANAGAWA	13	277	108	2352	54	815
NIIGATA	NR	103	NR	547	NR	421
TOYAMA	13	97	47	518	51	354
ISHIKAWA	23	165	84	738	53	509
FUKUI	7	126	13	220	16	141
YAMANASHI	2	31	26	368	6	91
NAGANO	14	112	69	840	46	576
GIFU	16	206	64	755	31	364
SHIZUOKA	16	150	113	712	124	764
AICHI	86	898	238	3287	125	1550
MIE	28	336	54	600	41	428
SHIGA	12	274	24	349	17	253
KYOTO	NR	510	NR	1629	NR	799
OSAKA	100	1223	311	3980	279	3322
HYOGO	23	413	88	1536	130	1589
NARA	10	111	8	155	10	124
WAKAYAMA	14	204	37	582	30	319
TOTTORI	5	98	45	840	23	411
SHIMANE	3	57	37	402	20	392
OKAYAMA	28	321	129	1011	80	554
HIROSHIMA	23	225	129	1476	78	706
YAMAGUCHI	3	55	53	559	17	401
TOKUSHIMA	1	25	6	201	18	267
KAGAWA	8	135	65	455	34	313
EHIME	2	57	44	648	48	738
KOCHI	10	77	20	362	28	308
FUKUOKA	68	714	246	2611	126	1381
SAGA	8	73	60	676	43	476
NAGASAKI	13	152	131	1269	48	454
KUMAMOTO	5	80	80	791	39	458
OITA	16	214	52	586	38	372
MIYAZAKI	-	31	30	328	28	269
KAGOSHIMA	4	46	31	413	9	197
TOTALS	713	9681	3168	40960	2265	27147
RATE						
Current	50.9	57.5	225.9	243.4	161.5	161.3
Previous	70.9		287.3		218.2	

Rates per 100,000 per annum



NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES  
FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending		Four Weeks Ending		Cumulative number for first 12 weeks	
	22 March 1947	23 March 1946	22 March 1947	23 March 1946	1947	1946
<b>Cases:</b>						
Diphtheria	680	926	2871	4043	8343	15439
Dysentery	59	105	272	213	733	563
Typhoid	135	949	644	3623	2572	9236
Paratyphoid	63	100	167	470	576	1107
Smallpox	13	1318	52	4899	168	9434
Epidemic Typhus	15	1997	91	7946	486	10254
Malaria	211	N.A.	776	N.A.	1992	N.A.
Cholera	0	0	0	0	0	0
Scarlet Fever	46	56	172	167	529	389
Epidemic Meningitis	135	42	496	152	931	348
Jap. B. Encephalitis	0	N.A.	1	N.A.	2	N.A.
Plague	0	0	0	0	0	0
<b>Deaths:</b>						
Diphtheria	46	88	275	420	844	1654
Dysentery	16	44	58	80	169	258
Typhoid	23	110	88	461	339	1345
Paratyphoid	2	5	9	30	35	62
Smallpox	2	160	7	570	18	1053
Epidemic Typhus	0	154	4	484	34	674
Malaria	1	N.A.	4	N.A.	9	N.A.
Cholera	0	0	0	0	0	0
Scarlet Fever	1	5	5	22	13	39
Epidemic Meningitis	31	6	131	35	243	79
Jap. B. Encephalitis	0	N.A.	0	N.A.	2	N.A.
Plague	0	0	0	0	0	0
N.A.: Not Available						

CASE AND DEATH RATES OF COMMUNICABLE DISEASES  
FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending		Four Weeks Ending		Cumulative number	
	22 March	23 March	22 March	23 March	for first 12 weeks	
	1947	1946	1947	1946	1947	1946
<b>Case Rate:</b>						
Diphtheria	48.5	66.0	51.2	72.1	49.6	91.8
Dysentery	4.2	7.5	4.8	3.8	4.4	3.3
Typhoid	9.6	67.7	11.5	64.6	15.3	54.9
Paratyphoid	4.5	7.1	3.0	8.4	3.4	6.6
Smallpox	0.9	94.0	0.9	87.3	1.0	56.1
Epidemic Typhus	1.1	142.4	1.6	141.7	2.9	60.9
Malaria	15.0	N.A.	13.8	N.A.	11.8	N.A.
Cholera	0.0	0.0	0.0	0.0	0.0	0.0
Scarlet Fever	3.3	4.0	3.1	3.0	3.1	2.3
Epidemic Meningitis	9.6	3.0	8.8	2.7	5.5	2.1
Jap. B. Encephalitis	0.0	N.A.	0.02	N.A.	0.01	N.A.
Plague	0.0	0.0	0.0	0.0	0.0	0.0
<b>Death Rates</b>						
Diphtheria	3.3	6.3	4.9	7.5	5.0	9.8
Dysentery	1.1	3.1	1.0	1.4	1.0	1.5
Typhoid	1.6	7.8	1.6	8.2	2.0	8.0
Paratyphoid	0.1	0.4	0.2	0.5	0.2	0.4
Smallpox	0.1	11.4	0.1	10.2	0.1	6.3
Epidemic Typhus	0.0	11.0	0.1	8.6	0.2	4.0
Malaria	0.1	N.A.	0.1	N.A.	0.1	N.A.
Cholera	0.0	0.0	0.0	0.0	0.0	0.0
Scarlet Fever	0.1	0.4	0.1	0.4	0.1	0.2
Epidemic Meningitis	2.2	0.4	2.3	0.6	1.4	0.5
Jap. B. Encephalitis	0.0	N.A.	0.0	N.A.	0.01	N.A.
Plague	0.0	0.0	0.0	0.0	0.0	0.0

N.A.: Not Available  
Rates per 100,000 per population per annum



